## Express Mail Mailing Label No. EL653444461US

## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

| _                    | 8                                 |           |      |
|----------------------|-----------------------------------|-----------|------|
|                      |                                   |           |      |
| Attorney Docket No.  | MIT-075C2                         | P.T.      |      |
| First Named Inventor | Massie                            | s.<br>211 |      |
| Title                | Force Reflecting Haptic Interface | 10/02     | 1/16 |

|  | <u> </u>  |  |  |  |  |
|--|---|--|--|--|--|
| APPLICATION ELEMENTS   | ADDRESS TO: Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231  |  |  |  |  |
| 1. ☑ Fee Transmittal Form  2. ☐ Small Entity Status ☐ Applicant claims small entity status ☐ Status established in prior application and is still proper and desired   | ACCOMPANYING APPLICATION PARTS  |  |  |  |  |
| 3. Specification and Drawings [Total Pages 71] - Written Description - (47 pages) - Claims - (13 pages)  | 8. 37 CFR 3.73(b) Statement (when there is an assignee)  Power of Attorney  |  |  |  |  |
| - Abstract - (1 page) - Sheets of Drawings - (10 sheets)   | 9. English Translation Document (if applicable)   |  |  |  |  |
| ⊠ Formal Informal  | 10. Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations  |  |  |  |  |
| <ul> <li>4.  Oath or Declaration [Total Pages 5]</li> <li>a. Newly executed (original)</li> <li>b. Copy from a prior application (37 CFR 1.63(d))</li> <li>(for continuation/divisional with Box 17 completed)</li> </ul>  | 11. ☐ Preliminary Amendment ☐ Drawings [Total Sheets ] ☐ Letter to Official Draftsperson Including ☐ Drawings [Total Pages ]  |  |  |  |  |
| [Note Box 5 below]   | 12. A Return Receipt Postcard   |  |  |  |  |
| 5. Incorporation by Reference (usable if Box 3b is checked) The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied   | 13. Certified Copy of Priority Document(s)  |  |  |  |  |
| under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.   | 14. Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application.  |  |  |  |  |
| 6. Application Data Sheet  | 15. CD in duplicate for large table or computer program.  |  |  |  |  |
| 7. Nucleotide and/or Amino Acid Sequence Submission  Computer Readable Copy Paper Copy (identical to computer copy) CD (identical to computer copy) Statement verifying identity of above copies   | 16.  Other:   |  |  |  |  |
|  | fication by inserting on page 1, before the first line, the sentence:   |  |  |  |  |
| This is a  Continuation divisional continuation-in-part of prior application Serial No. 09/268,445, filed on March 12, 1999, the entire disclosure of which is incorporated by reference herein  Priority to the above application(s) is claimed under 35 U.S.C. 120.  Prior application information: Examiner: Group/Art Unit:. |   |  |  |  |  |
| 18. Priority - 35 U.S.C. 119 Priority of application Patent No. filed on in is claimed under 35 U.S.C. 119. The certified copy has been filed in prior U.S. application Serial No / on The certified copy will follow.   |   |  |  |  |  |
| CORRESPONDENCE ADDRESS   | SIGNATURE BLOCK   |  |  |  |  |
| Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100   | Date: November 16, 2001 Reg. No. 42,545 Tel. No.: (617) 248-7675 Fax No.: (617) 248-7100  Testa Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 |  |  |  |  |

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## FEE TRANSMITTAL FY 2002

| Complete if Known         |                  |  |  |  |
|---------------------------|------------------|--|--|--|
| Application Serial Number | Not Yet Assigned |  |  |  |
| Filing Date               | Herewith         |  |  |  |
| First Named Inventor      | Massie           |  |  |  |
| Group Art Unit            | 2123             |  |  |  |
| Examiner Name             | Not Yet Assigned |  |  |  |
| Attorney Docket No.       | MIT-075C2        |  |  |  |

| METHOD OF PAYMENT   | FEE CALCULATION (continued) |             |   |        |
|---|-----------------------------|-------------|---|--------|
| 1. A Payment Enclosed:  | 3. ADDI                     | TIONAL FE   | EES   |        |
| Check Money Order Other   | Large                       | Small       |   | ı      |
| 2 M m C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Entity                      | Entity      | For Description For De                                      | ا      |
| 2. The Commissioner is hereby authorized to credit  | Fee<br>(\$)                 | Fee<br>(\$) | Fee Description Fee Pa                                      | .10    |
| or charge any fee indicated below for this submission to Deposit Account No. 20-0531.   | (3)                         | (3)         |   |        |
| Required Fees (copy of this sheet enclosed).  | 130                         | 65          | Surcharge - late filing fee or oath                         |        |
| Additional fee required under 37 CFR 1.16 and   | 50                          | 25          | Surcharge - late provisional filing fee                     |        |
| 1.17.   |                             |             | or cover sheet  |        |
| Overpayment Credit.   | 130                         | 130         | Non-English specification                                   |        |
| 3. Applicant claims small entity status.  | 2,520                       | 2,520       | Request for ex parte reexamination                          |        |
| FEE CALCULATION   | 110                         | 55          | Extension for reply within first month                      |        |
| 1. FILING FEE   | 400                         | 200         | Extension for reply within second month                     |        |
| Large Entity  | 920                         | 460         | Extension for reply within third month                      |        |
| Fee (\$) Fee Description Fee Paid   | 1440                        | 720         | Extension for reply within fourth                           |        |
| Large Entity Fee (\$) Fee Description Fee Paid  740.00 Solution Fee Paid | 1040                        | 202         | month   |        |
| 14 740 Utility filing fee 740.00  | 1960<br>320                 | 980<br>160  | Extension for reply within fifth month Notice of Appeal     |        |
| 140 Utility filing fee 740.00  2 330 Design filing fee  | 320<br>320                  | 160         | Filing a brief in support of an appeal                      | -      |
| 160 Provisional filing fee  | 280                         | 140         | Request for oral hearing                                    |        |
| 160 Provisional filing fee  | 130                         | 130         | Petitions to the Commissioner                               |        |
|   | 180                         | 180         | Submission of Information Disclosure                        |        |
| Number Number Rate Amount   | 740                         | 2770        | Statement   |        |
| Filed Extra   | 740                         | 370         | Filing a submission after final rejection (37 CFR 1.129(a)) |        |
| Total Claims 1 $-20 = 0$ x \$ 18.00 = 0.00  | 740                         | 370         | For each additional invention to be                         |        |
|   |                             |             | examined (37 CFR 1.129(b))                                  |        |
| Independent   | 100                         | 100         | Certificate of Correction for                               |        |
| Claims 1 $-3 = 0$ x \$ 84.00 = 0.00   | Other fee (S                | manife)     | applicant's error   |        |
| Multiple Dependent Claim(s), if any \$280.00 =  |                             | pecify)     |   | -      |
| Manufic September Committee, in any   | O LINES TOO (S)             | poonsy      |   | $\neg$ |
| TOTAL:  |                             |             |   |        |
| SMALL ENTITY DISCOUNT:  |                             |             |   | ŀ      |
| SUBTOTAL (1) (\$) 740.00  2. AMENDMENT CLAIM FEES   |                             |             |   |        |
| Claims Highest No. Present Rate Fee Paid  |                             |             | SUBTOTAL (3) (\$)   |        |
| Remaining Previously Extra  |                             |             | ου <b>Β</b> 101/(Ε(5)                                       |        |
| After Amend. Paid For   |                             | •           |   |        |
| Total - = x \$ 18.00 =  |                             |             | SUBTOTAL (1) 740.00   | ,      |
| Indep x \$ 16.00 =  |                             |             | SUBTOTAL (1) 740.00<br>SUBTOTAL (2) 0.00                    |        |
| First Presentation of Multiple Dep. + \$280.00 =  |                             |             | SUBTOTAL (3) 0.00   |        |
| Claim   |                             |             |   |        |
| TOTAL: (\$)   |                             |             |   |        |
| SMALL ENTITY DISCOUNT: (\$) SUBTOTAL (2) (\$)   | 1                           |             | TOTAL (\$) 740.00   | )      |
| SUBTOTAL (2)  |                             |             |   |        |
| CORRESPONDENCE ADDRESS  | SIGNATURE BLOCK             |             |   |        |
| Direct all correspondence to:   |                             |             | Respectfully submitted,                                     |        |
| Patent Administrator  |                             | mber 16, 20 | 01  |        |
| Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street  | Reg. No.: 4                 |             | John V. Forcier   |        |
| Boston, MA 02110  |                             | 17) 248-767 |   |        |
| Tel. No.: (617) 248-7000  | Fax No.: (6                 | 617) 248-71 |   |        |
| Fax No.: (617) 248-7100   |                             |             | High Street Tower-125 High Street Boston, MA 02110          |        |
|   |                             |             | DOSION, IVIA 021 IV   |        |